

## BEST AVAILABLE C...

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS							
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51
2		/					52
3		/					53
4		/					54
5		/					55
6		/					56
7		/					57
8		/					58
9		/					59
10		/					60
11		/					61
12		/					62
13		/					63
14		/					64
15		/					65
16		/					66
17		8					67
18	/						68
19		/					69
20		/					70
21		6					71
22		/					72
23		/					73
24		/					74
25		2					75
26		2					76
27		2					77
28		2					78
29		/					79
30		/					80
31		/					81
32		/					82
33			1				83
34			1				84
35			1				85
36			1				86
37			1				87
38			1				88
39			1				89
40			1				90
41			1				91
42			1				92
43			1				93
44			1				94
45			1				95
46			1				96
47			1				97
48			1				98
49			1				99
50			1				100
TOTAL IND.	6						TOTAL IND. 4
TOTAL DEP.	42						TOTAL DEP. 13
TOTAL CLAIMS	48						TOTAL CLAIMS 19